



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

May 24, 2007

Stephenie Ellwood, Administrator  
Gables Special Needs I  
840 1st Street  
Idaho Falls, ID 83401

License #: RC-858

Dear Ms. Ellwood:

On March 1, 2007, a life safety code survey was conducted at Gables Special Needs I - Gables Management, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 6, 2007

Mark Stephenson, Administrator  
Gables Special Needs I  
840 1st Street  
Idaho Falls, ID 83401

Dear Mr. Stephenson:

On March 1, 2007, a life safety code survey was conducted at Gables Special Needs I - Gables Management, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 31, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R858</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 1</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/01/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>GABLES SPECIAL NEEDS I</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>840 1ST STREET IDAHO FALLS, ID 83401</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on March 01, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

RMBC21

If continuation sheet 1 of 1



## ASSISTED LIVING

### Non-Core Issues

### Punch List

## NON-CORE ISSUES

Response Required Date 4-1-7	Signature of Facility Representative 	Date Signed 4-1-07
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